

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Western Dental Services			<b>Date of This Filing</b> 02/05/2020	Date Stamp     Page 1 of 7	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER</b> (if applicable) 495275		<b>Report No.</b> P20-1		
<b>STREET ADDRESS</b>			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Orange	<b>STATE</b> CA	<b>ZIP CODE</b> 92868	<b>No. of Pages</b> 7		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

### \*Contributor Codes

IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment:

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Western Dental Services			<b>Date of This Filing</b> 02/05/2020	Date Stamp   Page 2 of 7	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER</b> (if applicable) 495275		<b>Report No.</b> P20-1		
<b>STREET ADDRESS</b>			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Orange	<b>STATE</b> CA	<b>ZIP CODE</b> 92868	<b>No. of Pages</b> 7		

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
02/04/2020	Rebecca Bauer-Kahan for Assembly 2020 Sacramento, CA 95814  ID# 1414500 Memo Reference: EXP:S497:100	Rebecca Bauer-Kahan State Assembly District 16 Jurisdiction: State Assembly District	\$4,700.00	03/03/2020
02/04/2020	Tasha Boerner Horvath for Assembly 2020 Sacramento, CA 95815  ID# 1414240 Memo Reference: EXP:S497:101	Tasha Boerner Horvath State Assembly District 76 Jurisdiction: State Assembly District	\$4,700.00	03/03/2020
02/04/2020	Sabrina Cervantes for Assembly 2020 Sacramento, CA 95815  ID# 1414122 Memo Reference: EXP:S497:104	Sabrina Cervantes State Assembly District 60 Jurisdiction: State Assembly District	\$4,700.00	03/03/2020
02/04/2020	Gipson for Assembly Sacramento, CA 95814  ID# 1414387 Memo Reference: EXP:S497:99	Mike Gipson State Assembly District 64 Jurisdiction: State Assembly District	\$4,700.00	03/03/2020

Reason for Amendment:

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Western Dental Services			<b>Date of This Filing</b> <u>02/05/2020</u>  <b>Report No.</b> <u>P20-1</u>  <input type="checkbox"/> <b>Amendment to Report No.</b> _____ <small>(explain below)</small>  <b>No. of Pages</b> <u>7</u>	Date Stamp   Page 3 of 7	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER</b> (if applicable) 495275				
<b>STREET ADDRESS</b>					
<b>CITY</b> Orange	<b>STATE</b> CA	<b>ZIP CODE</b> 92868			

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
02/04/2020	Maienschein for Assembly 2020 La Mesa, CA 91942  ID# 1414261 Memo Reference: EXP:S497:103	Brian Maienschein State Assembly District 77 Jurisdiction: State Assembly District	\$4,700.00	03/03/2020
02/04/2020	Muratsuchi for Assembly 2020 Los Angeles, CA 90017  ID# 1415052 Memo Reference: EXP:S497:105	Al Muratsuchi State Assembly District 66 Jurisdiction: State Assembly District	\$4,700.00	03/03/2020
02/04/2020	Darrell Park for Supervisor 2020 Fullerton, CA 92835  ID# 1419559	Darrell Park County Supervisor District 05 Jurisdiction: County Los Angeles	\$1,500.00	03/03/2020
02/04/2020	Cottie Petrie-Norris for Assembly 2020 Sacramento, CA 95815  ID# 1414368 Memo Reference: EXP:S497:102	Cottie Petrie-Norris State Assembly District 74 Jurisdiction: State Assembly District	\$4,700.00	03/03/2020

Reason for Amendment:

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Western Dental Services			<b>Date of This Filing</b> 02/05/2020	Date Stamp     Page 4 of 7	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER</b> (if applicable) 495275		<b>Report No.</b> P20-1		
<b>STREET ADDRESS</b>			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Orange	<b>STATE</b> CA	<b>ZIP CODE</b> 92868	<b>No. of Pages</b> 7		

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
02/04/2020	Sharon Quirk-Silva for Assembly 2020 Sacramento, CA 95841  ID# 1414412 Memo Reference: EXP:S497:107	Sharon Quirk-Silva State Assembly District 65 Jurisdiction: State Assembly District	\$4,700.00	03/03/2020
02/04/2020	Rendon for Assembly 2020 Sacramento, CA 95814  ID# 1414788 Memo Reference: EXP:S497:98	Anthony Rendon State Assembly District 63 Jurisdiction: State Assembly District	\$4,700.00	03/03/2020
02/04/2020	Rudy Salas for Assembly 2020 Shafter, CA 93263  ID# 1414982 Memo Reference: EXP:S497:106	Rudy Salas State Assembly District 32 Jurisdiction: State Assembly District	\$4,700.00	03/03/2020

Reason for Amendment:

Memo Reference: EXP:S497:107

\* Check dated 2/3/20, but mailed on 2/4/20.

---

Memo Reference: EXP:S497:106

\* Check dated 2/3/20, but mailed on 2/4/20.

---

Memo Reference: EXP:S497:105

\* Check dated 2/3/20, but mailed on 2/4/20.

---

Memo Reference: EXP:S497:104

\* Check dated 2/3/20, but mailed on 2/4/20.

---

Memo Reference: EXP:S497:103

\* Check dated 2/3/20, but mailed on 2/4/20.

---

Memo Reference: EXP:S497:102

\* Check dated 2/3/20, but mailed on 2/4/20.

---

Memo Reference: EXP:S497:101

\* Check dated 2/3/20, but mailed on 2/4/20.

---

Memo Reference: EXP:S497:100

\* Check dated 2/3/20, but mailed on 2/4/20.

---

Memo Reference: EXP:S497:99

\* Check dated 2/3/20, but mailed on 2/4/20.

---

Memo Reference: EXP:S497:98

\* Check dated 2/3/20, but mailed on 2/4/20.

---

---

---

---